

Appl. No. 10/459,928  
Request for Refund dated Jan. 20, 2009

2009 JAN 21 PM 3:40

Appl. No. : 10/730,406  
Applicant : Darrell J. Atwood  
Filed : 12/08/2003  
Title : DISPLAY CASE WITH VIEWABLE PACKAGING STORAGE  
AREA  
  
TC/A.U. : 3637  
Examiner : Timothy Michael Ayres  
  
Docket No. : 169-PA-0103

Honorable Commissioner for Patents  
Washington DC 20231

### REQUEST FOR REFUND OF FEES

Sir:

The aforementioned application is now abandoned after revival and the payment of the issue and publication fees totaling \$1000, see attached.

The Commissioner is hereby authorized to refund any remaining fees paid in connection with the filing of the petition for revival of an unintentionally abandoned application.

A refund of this fee is hereby requested to be paid directly to James M. Francis,  
address follows:

James M. Francis  
300 West Vine Street  
Suite 2100  
Stoll Keenon Ogden PLLC  
Lexington, KY 40515

Adjustment date: 02/10/2009 CKHLOK  
09/21/2006 DTERRY 00000006 10730406  
01 FC:1999 -1000.00 OP

Refund Ref:  
02/10/2009 CKHLOK 0000166087

CHECK Refund Total: \$1000.00

Appl. No. 10/459,928  
Request for Refund dated Jan. 20, 2009

Respectfully submitted,

By s/jim francis/

James M. Francis  
Registration No. 52,909

**UNITED STATES PATENT & TRADEMARK OFFICE**  
**Washington, D.C. 20231**

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: <u>2-3-09</u>			2 Serial/Patent # <u>18/730406</u>						
3 Please refund the following fee(s):				4 PAPER NUMBER		5 DATE FILED		6 AMOUNT	
Filing								\$	
Amendment								\$	
Extension of Time								\$	
Notice of Appeal/Appeal								\$	
Petition								\$	
Issue								\$	
Cert of Correction/Terminal Disc.								\$	
Maintenance								\$	
Assignment								\$	
Other						<u>8-31-06</u>		\$ <u>1000</u>	
				7 TOTAL AMOUNT OF REFUND			\$ <u>1,000</u>		
10 REASON:				8 TO BE REFUNDED BY:					
				<input checked="" type="checkbox"/> Treasury Check <input type="checkbox"/> Credit Deposit A/C #: <span style="border: 1px solid black; padding: 2px 10px;">9    --    </span>					
Overpayment									
Duplicate Payment									
No Fee Due (Explanation):									
<u>Partial Payment</u>									
11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME: <u>Karen Creasy</u>				TITLE: <u>Petitions Examiner</u>					
SIGNATURE: <u>/Karen Creasy/</u>				PHONE: <u>2-3208</u>					
OFFICE: <u>Petitions</u>									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****									
APPROVED: <u>CKHOK</u>				DATE: <u>2/10/09</u>					

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*